

EMPLOYEE DIRECT DEPOSIT AUTHORIZATION

Agency Name: _____

Print Full Name: _____

EMP #: ____ - ____ - ____

☐ **YES!** I wish to have my employer deposit my net pay and/or a fixed amount(s) each payday directly to my account at the financial institution(s) shown below. I agree to notify my employer immediately of any changes to the information so that my pay may be properly distributed. I understand that in the event my employer notifies my financial institution that I am not entitled to the funds deposited to my account, my bank is authorized to debit my account for the amount of the adjustment. I understand that in the event my financial institution is not able to deposit any electronic transfer into my account due to any action I take; my employer cannot issue the funds to me until the funds are returned to my employer by my financial institution.

Signature _____

Date _____

(You are not legally required to furnish the above information. This information is required if you wish to participate in the Direct Deposit Program.)

☐ **Request direct deposit to my CHECKING account:**

☐ Deposit my net pay:

Name of Financial Institution

Routing #

Account #

☐ New ☐ Change ☐ Stop
(Deduction 69)

☐ Deposit fixed amount \$ _____

Name of Financial Institution

Routing #

Account #

☐ New ☐ Change ☐ Stop
(Deduction 59)

☐ Deposit fixed amount \$ _____

Name of Financial Institution

Routing #

Account #

☐ New ☐ Change ☐ Stop
(Deduction 67)

☐ **Request direct deposit to my SAVINGS account:**

☐ Deposit my net pay:

Name of Financial Institution

Routing #

Account #

☐ New ☐ Change ☐ Stop
(Deduction 70)

☐ Deposit fixed amount \$ _____

Name of Financial Institution

Routing #

Account #

☐ New ☐ Change ☐ Stop
(Deduction 60)

☐ Deposit fixed amount \$ _____

Name of Financial Institution

Routing #

Account #

☐ New ☐ Change ☐ Stop
(Deduction 68)

Please staple an original **Voided** Check or Deposit Slip for **each** account (checking, savings or both) that shows your financial institution and account number. Please note that new direct deposits require a one payroll, pre-notification cycle before the actual deposit begins, so you may still receive at least one check (possibly two) after this form has been submitted. This pre-notification cycle verifies your bank number, account number and account type. Changing direct deposit accounts also requires the same pre-notification cycle. When possible, please do not close your account without giving your payroll office two week's prior notice.

Your direct deposit will start on _____ payday. (for payroll use)

To be completed by the Agency Payroll Section:

CIPPS Updated by: _____ Date ____/____/____ Reviewed by: _____ Date ____/____/____ 3/05